

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL FORM
(only for new nonprovisional applications under 37 CFR 1.53(b))

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

BOX: PATENT APPLICATION

SIR:

Transmitted herewith for filing is the patent application (including Specification, Claims, Sequence Listing (if applicable) and Abstract, 13 pages) of:

Inventor(s): Paula S. Newman

For : Method and System for Mail Folder Displays

****If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:**

☐ continuation ☐ divisional ☐ Continuation-In-Part (CIP)
of prior application Serial No. _____

Prior application information: Examiner :
Art Unit :

Enclosed are:

☒ 6 sheets of formal drawings.☒ Signed Combined Declaration and Power of Attorney (2 pages).☐ Copy of signed Combined Declaration and Power of Attorney (____ pages) from a prior application (1.63(d) (for continuation/divisional).☐ Signed statement deleting inventor(s) named in prior application (____ pages) (1.63(d)(2) and 1.33(b)).☐ **Incorporation By Reference:** The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.☒ Assignment (1 page) of the invention to **Xerox Corporation**.☒ Assignment Transmittal Letter.☐ Certified copy of a foreign priority document.☐ Associate power of attorney.

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- ☐ Applicant claims small entity status. (See 37 CFR 1.27.)
- ☐ Preliminary Amendment (____ pages).
- ☐ Information Disclosure Statement, form PTO-1449 (____ pages) and ____ references.
- ☐ **UNSIGNED** Combined Declaration and Power of Attorney (____ pages).
- ☐ Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.
- ☒ A self-addressed, prepaid postcard acknowledging receipt.
- ☐ Other:

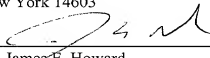
The Filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)	SMALL ENTITY		OR	LARGE ENTITY	
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BASIC FEE	XXXXXXX	XXXXXXX	XXXX	\$355	OR	XXXX	\$710.00
TOTAL CLAIMS	22 - 20 =	2	x 9 =	\$	OR	x 18 =	\$ 36.00
INDEP CLAIMS	3 - 3 =	0	x 40 =	\$	OR	x 80 =	\$0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			x135 =	\$	OR	x270 =	\$0
*If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2			TOTAL	\$	OR	TOTAL	\$746.00

- ☒ Please charge my Deposit Account No. **24-0037** in the amount of \$ 746.00. **A duplicate copy of this sheet is enclosed.**
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